

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12745

1. PLACE OF DEATH

County Cole
Township Marion
City (No. 211)

Registration District No. 211
Primary Registration District No. 5291

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lafe F. Murphy Ward _____
(Usual place of abode) Near Marion, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

13. NAME Hugh Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Harriet Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Miss Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 4/3 1933

19. UNDERTAKER (ADDRESS) Callagans & Faidmeyer

20. FILED 4/3 1933 H. T. Deach, M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1933

22. I HEREBY CERTIFY, That I attended deceased from periodically 1933 for past 7 yr I last saw alive on Feb 20 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

From history - acute endo-
Carditis 4:30 p.m. 4:30 p.m. Mar 3/33

Other contributory causes of importance:
Carcinoma of stomach

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Elton C. Raikes, M. D.

(Address) James town, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

